



Application for Disability Support Services

Student Name: _____ A Number: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____ Date of Birth: _____

Gender: _____ Drake State Email Address: _____

Emergency Contact Information:

Name of Contact: _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Academic Information:

Major: _____

Enrollment Status (Part-time or Full-time): _____

Name of High School: _____ Graduation Date: _____

Name of Previous Colleges or Universities attended: _____

Did you receive accommodations in high school and/or previous college or university? Y N

List accommodations received in high school and/or college: _____

Diagnostic Information (Must provide supporting documentation for checked diagnosis)

- Attention Deficit Hyperactivity Disorder (ADHD)
- Learning Disability (Ex. Dyslexia, Reading Disorder, etc.)
- Psychological Impairments (Ex. Anxiety, Depression, etc.)
- Autism Spectrum Disorder (Including Asperger’s Syndrome)
- Chronic/Acute Medical Illness
- Traumatic Brain Injury/ Closed Head Injury
- Visual Impairment
- Hearing Impairment
- Mobility Impairment
- Speech Impairment

Are you currently under the care of a licensed professional? Y N

If yes, please list any licensed professionals you are seeing: _____

When were you diagnosed? _____ When was your last visit? _____

Details of Disability:

Please explain your disability and include a list of necessary medications:

How does your disability affect you in a classroom?

As a result of your disability, do you use any type of equipment for everyday living? Y N
If you answered “yes” what type of equipment do you use? _____

Do you have the required medical or psychological documentation to clarify your disability?
 Y N

Check below accommodations that you have found helpful or that you are seeking:

Extended time on tests

Preferential seating in class

Use of recording device for lecture class

Reduced distraction on environments for tests

Other, please list: _____

Have you applied to the Division of Rehabilitation Services in your state of residence?
 Y N

If you answered “yes” who is your counselor, and where did you apply?

Documentation is being separately sent by/from:

Do you wish to have your classroom instructors notified by the student disability services office that reasonable accommodations are requested? Y N

We strive to provide reasonable accommodations to students with documented disabilities. Reasonable accommodations do not change the academic integrity of the course. Note that there is no 100% guarantee that your particular request will be met. The college has a right to refuse an unsupported or unreasonable request. Disability Support Services works with students to find equally effective methods of accommodations and may refuse a requested accommodation based on undue hardship as determined by college officials.

Informed consent

I understand that the staff of DSS at Drake State will have access to my disability records and other academic records. I understand that information provided to DSS is considered part of my educational record and is covered under the Federal Family Education Rights and Privacy Act (FERPA). I understand that FERPA permits the disclosure of parts of my record to individuals or offices within Drake State who have an educational need to know. Information can and will be released without prior consent to appropriate off campus individuals in the event that I am a harm to myself or others, a part of child or elder abuse, or upon official court order. Appropriate information may be disclosed in the event of an emergency.

Understanding Disability Support Services at Drake State

Drake State is committed to providing reasonable accommodations to qualified students with disabilities. These accommodations are provided to assist students with disabilities in accessing education at Drake State. The student is responsible for submitting documentation to verify the presence of a disability to register with DSS. The student is responsible for requesting services each semester that accommodations are desired. Please note that program requirements will not be altered and standards will not be lowered. For student with accommodations regarding testing, the student is responsible for communicating with instructors and Testing Services as needed to schedule test(s).

I understand and agree to supply the requested documentation in order to verify my disability and receive accommodations at Drake State.

The information contained in this form is true and accurate to the best of my knowledge.

Student Signature: _____

Printed Name: _____

Date: _____